

PART B - FEE(S) TRANSMITTAL

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6989 7590 07/13/2010

TROUTMAN SANDERS LLP
5200 BANK OF AMERICA PLAZA
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| |
|--------------------|
| (Depositor's name) |
| (Signature) |
| (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/786,023 | 02/26/2004 | Franco Modighani | 237303-000001 | 2925 |

TITLE OF INVENTION: ENHANCED SYSTEM FOR ELECTRONIC FUNDS TRANSFER AND ELIMINATION OF THE PAYEE'S NEED FOR ENCRYPTION AND PRIVACY

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|---------------|---------------------|----------------------|------------------|----------------|
| nonprovisional | YES | \$755 | \$300 | \$0 | \$1055 | 10/13/2010 |
| EXAMINER | ART UNIT | | | | | CLASS-SUBCLASS |
| BASIT, ABDUL | 3694 | | | | | 705-035000 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication for "Fee Address" Indication form PTO/SB/47; Rev 03-02 (more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Troutman Sanders LLP

2. _____
3. _____

3. ASSIGNEE NAME AND RESIDENCE: DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recitation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Payment Pathways, Inc.

Chicago, IL

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

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 Publication Fee (No small entity discount permitted)
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number **201507**. (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature



Date **10/4/10**

Registration No. **65,519**

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